

DECLARATION FOR PATENT APPLICATION

 Original Supplemental Substitute PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a design patent is sought on the invention entitled:

ANGIOGENIC MEDICAL CYANOACRYLATE ADHESIVE**(Title of the Invention)**

the specification of which (check one)

 is attached hereto was filed on 17 November 2003 as U. S. Application Serial _____Number or PCT International Application Number PCT/GB2003/004965

and was amended _____

(if applicable) _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified, by checking the box below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications			Priority Claimed		Copy Attached	
Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	YES	NO	YES	NO
0227043.7	GB	11/20/2002	X			x

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below and claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this

Filed: 17 May 2005

Inventors: Neil Joseph ATKIN, et al.

For: Angiogenic Medical Cyanoacrylate Adhesive

Declaration for Patent Application

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application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Parent Application Number	Filing Date	Status (Mark Appropriate Column Below)		
		Patented	Pending	Abandoned

As a named inventor, I hereby revoke all prior powers and appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

I authorize the U.S. attorneys or agents associated with the customer number provided below to accept and follow instructions from my employer (if I am an employee and this application has been or will be assigned to my employer) or the entity with which I have contracted (if I am an independent contractor and this application has been or will be assigned to such entity), as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys or agents associated with the customer number provided below will be so notified by the undersigned.

As a named inventor, I hereby revoke all prior powers and appoint the practitioners associated with

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30559

business in the United States Patent and Trademark Office connected therewith.

I acknowledge that the attorneys and agents associated with the aforementioned customer number are with Kilpatrick Stockton LLP and represent my employer (if I am an employee and this application has been or will be assigned to my employer) or the entity with which I have contracted (if I am an independent contractor and this application has been or will be assigned to such entity) and in such cases do not represent me individually. I further acknowledge I have not established, nor will I seek to establish, any personal attorney/client relationship with Kilpatrick Stockton LLP in connection with this application and understand that, should I require legal representation, I will obtain such, at my expense, other than through Kilpatrick Stockton LLP.

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Send Correspondence to:

CUSTOMER NO.
30559

Direct telephone calls to: Michael A. Bertelson (404) 815-6500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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